

Deep Vein Thrombosis: Court Stresses Importance Of Post-Op Ambulation By Nurses.

The patient underwent a three-hour open abdominal surgery. Due to her weight and age, she was considered at-risk for deep vein thrombosis (DVT), but no anti-clotting device or medication was used during the surgery.

The surgeon wrote orders for post-surgical ambulation by the nursing staff, specifically to reduce the risk of a DVT.

A nurse unsuccessfully attempted to walk the patient approximately three hours after the surgery. No attempt was made to ambulate her at any time the next day.

First Ambulation

46 Hours After Surgery

Forty-six hours after her surgery the patient was walked from her bed to the chair in her hospital room. Three hours later she was walked with a walker for a distance that was not specifically noted in her chart. Four hours later she was walked no more than ten feet as she could not tolerate the pain.

Twenty-one hours later she was walked about ten feet. Four hours later, as she was being ambulated, she collapsed and died. A pathologist ruled she died from a pulmonary embolism.

Court Criticizes Nurses' Failure To Ambulate

The Appellate Court of Illinois was very critical of the nurses for failing to appreciate the importance of post-operative ambulation of patients for whom the physician has ordered ambulation as a precaution against DVT.

However, the court felt obliged to throw out the jury's verdict against the hospital and the physicians responsible for the patient's post-surgical care. All of the expert witnesses on both sides of the case were physicians; none of them were licensed as nurses. In Illinois only a professional licensed in the same profession can testify as an expert on the professional standard of care. The court ordered a new trial. Garley v. Columbia Lagrange Memorial Hosp., __ N.E. 2d __, 2004 WL 1469414 (Ill. App., June 30, 2004).

As a general rule a physician is not considered competent as an expert witness on the legal standard of care for nurses.

Physicians often have no first-hand knowledge of nursing practice except for observations made in patient-care settings.

A physician rarely, if ever, teaches in a nursing program nor is a physician responsible for content in nursing texts.

In many situations a physician would not be familiar with the standard of care or with nursing policies and procedures which govern the standard of care.

Therefore, a physician's opinions would not be admissible in evidence in jurisdictions which hold the expert must be familiar with the standard of care in order to testify as an expert.

Some states allow a physician to testify if there is a foundation for the physician's knowledge of nursing practices. In Illinois, however, there is a strict rule that to testify about nursing standards the expert witness must be licensed as a nurse.

APPELLATE COURT OF ILLINOIS
June 30, 2004

Catheterization: Nurses Ruled Not Responsible For Permanent Urinary Retention.

The patient had gallbladder surgery. Although the surgeon did not order it, the post-op nurses catheterized him in-and-out three times in 24 hours and got 1,600, 1,100 and 1,700 cc's of urine.

Later he developed permanent urinary retention due to an over-distended bladder and is unable to void. He sued the hospital. The jury sided with the hospital.

The Court of Appeals of Kentucky pointed to expert medical testimony that permanent retention is caused by chronic rather than acute episodic over-distention of the bladder. The nurses had no reason to anticipate his permanent condition would result from their care. Ellis v. Caritas Health Services, Inc., __ S.W. 3d __, 2004 WL 1532435 (Ky. App., July 9, 2004).

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